**EDS-NET MEDICAID MULTI-USER** This is meant to assist agencies in submitting many new EDS-NET users at once. County/Tribe County/Tribe Security Officer Signature **Date Signed** ☐ Priority 1 or Priority 2 We are expecting the turn-around to be a maximum of 6 weeks for Priority 1 requests and up to 3 months for Priority 2 requests. **User's Work Phone CARES User Id User's Name** User's SSN Number FAX the form to: Wisconsin DES Security Officer at: (608) 267-0484 or

The Medicaid Management Information System (MMIS) confidentiality statements for the users listed on a given multi-user form should be attached together, with the multi-user form on top. Send these to DES security.

Wisconsin DES Security Officer

Madison, WI 53707-7935

Department of Workforce Development 201 East Washington Avenue, Room 141

Copy: State Security Officer Copy: Local Security Officer

MAIL the form to: